(x) As part of Public Private Partnership, CGHS and Hindustan Latex Ltd. (HLL) have entered into a MOU to running a diagnostic centre at CGHS dispensary premises in Sector XII in Ramakrishna Puram, New Delhi.

(xi) Ministries/Departments have been delegated powers to handle all medical reimbursement cases if no relaxation of rules is involved.

(xii) As there is perennial shortage of Group D staff in the CGHS, it has been decided on a pilot project basis to outsource cleaning work for mechanised cleaning. The existing Group D staff in these dispensaries have been relocated in other dispensaries where vacancies exist.

(xiii) Due to paucity of funds, settlement of bills of private hospitals and diagnostic centres get delayed with the result that many private hospitals and diagnostic centres refused to extend credit facility to pensioner CGHS beneficiaries. To overcome the problem, it has been decided to engage Third Party Administrators (TPA) to processing of bills and release of payments electronically through a bank within a fortnight. After the bank makes the payment through electronic medium, it will lodge its claim in the CGHS to recoupment of the payments made. CGHS will then carry out medical audit of the bills passed for payment by the TPA.

(xiv) Two geriatric centres for CGHS beneficiaries have been set up at Timarpur and Janakpuri in Delhi.

(xv) Instructions have been issued for CGHS beneficiaries to claim reimbursement of expenses from two sources, first from the insurance agency if the beneficiary had obtained mediclaim policy and then from the CGHS for the balance amount subject to the condition that the reimbursement from the two sources did not exceed the actual expenditure and also that reimbursement from CGHS will be limited to package rate fixed for the treatment.

(xvi) Instructions have been issued for revising dependency criteria for family members of a CGHS beneficiaries to avail CGHS treatment.

(xvii) Son of a CGHS beneficiary is entitled to CGHS facility till the age of 25 years or till he starts earning or he gets married, whichever is earlier. Taking a lenient view, instructions have been issued to permit sons of CGHS beneficiaries to avail CGHS facility if they are permanently disabled. The disabilities included for this purpose are the disabilities defined in Section 2(i) of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995 (No.1 of 1996).

Memorandum for changing DCI Regulations

787. SHRI SATYAVRAT CHATURVEDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Dental Council of India (DCI) and the Hon'le Minister have received representations from MPs/ MLAs to make changes in the DCI Regulation denying permission to

those students from attending higher classes who have supplementaries in more than one subject with a view to protect the interests of the students belonging to SC/ST and other backward classes, vulnerable and women sections of the society; and

(b) if so, the details thereof and the action taken by Government thereon?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) A few representations have been received by the DCI in this regard. The BDS Course Regulations framed under the Dentists Act, 1948, *inter-alia*, envisage that any candidate who fails in one subject in a BDS examination is permitted to go to the next higher class and appear for the subject and complete it successfully before he is permitted to appear for the next higher examination of BDS Course. This concession has been given to all the candidates including SC/ST and other Backward Classes. The DCI on 31.12.2008 issued detailed instructions in this regard to all the dental colleges and the universities to which the dental institutions are affiliated to follow this provision of the Regulations strictly for maintaining the highest standard of dental education.

Change of curriculum in BDS and MDS programmes

788. SHRI SATYAVRAT CHATURVEDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the catastrophic changes made by Dental Council of India (DCI) during the last four years in BDS and MDS programmes/ curriculum aimed at promoting the financial interests of private dental colleges has come in for strong criticism in prominent press sections and the concerned quarters;

(b) if so, the details in this regard; and

(c) the remedial action taken by Government to protect the interests of the students community particularly belonging to poor and weaker sections of the society?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) The BDS and MDS Course Regulations framed in 1983 have been revised in 2007 incorporating some new subjects in dentistry in consultation with the State / U.T. Governments and other dental experts to bring them at par with the international standard. The duration of BDS course is now 5 years integrated course. Dental Council of India has instructed all States / universities in the country to phase out four years tuition fees into five years to avoid financial burden on students.

Reducing of child mortality rate

789. SHRI S.S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the measures taken, if any, during the last five years aimed at reducing the child mortality rate in the rural and urban areas respectively indicating volume of fund allocated for the purpose, year-wise;

(b) whether Government has also put in place adequate mechanism for monitoring implementations therefor;